

Carrier Maintenance Management, Incentive Payment Page

Public Burden Statement

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Instructions:

We appreciate you taking the time to complete this survey and would like to compensate you for your efforts. If you may receive compensation in accordance with your carrier's compensation policy, please provide the below information. This information is being collected on a secure online portal and for compensation purposes only; your personal information will not be tied to your survey responses. You will receive a compensation check in the mail in approximately 4-6 weeks. Please note that in order to receive compensation for participating in this study you must complete the following information:

Compensation Information:

Full name: _____

Mailing address (preferred address for receiving mailed check): _____

Phone number: _____

Thank you again for your participation. If you have any questions regarding the study or your compensation, please contact Andrew Krum, Principal Investigator, (540)-231-0353, akrum@vtti.vt.edu.